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**\*BIBDATASHEET\***

CONFIRMATION NO. 8305

Bib Data Sheet

SERIAL NUMBER 09/811,104	FILING DATE 03/16/2001 RULE 1.47	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. PURIT 54796	
<b>APPLICANTS</b>  Fernando J. Isaza, Residence Not Provided;  Stanley Y. Wong, Oceanside, CA; Peter Doyle, Residence Not Provided;  <b>** CONTINUING DATA *****</b> This application is a REI of 08/818,173 03/14/1997 PAT 5,881,717  <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/02/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 8
<b>ADDRESS</b> 24201 FULWIDER PATTON LEE & UTECHT, LLP HOWARD HUGHES CENTER 6060 CENTER DRIVE TENTH FLOOR LOS ANGELES, CA 90045					
<b>TITLE</b> System and method for adjustable disconnection sensitivity for disconnection and occlusion detection in a patient ventilator					
FILING FEE	FEES: Authority has been given in Paper		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of		

RECEIVED 840	No. _____ to charge/credit DEPOSIT ACCOUNT	(time )
	No. _____ for following:	<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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<b>SERIAL NUMBER</b> 09/811,104	<b>FILING DATE</b> 03/16/2001 <b>RULE</b> 1.47	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> PURIT 54796
<b>APPLICANTS</b> Fernando J. Isaza, Residence Not Provided; Stanley Y. Wong, Oceanside, CA; Peter Doyle, Residence Not Provided;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 08/818,173 03/14/1997 PAT 5,881,717				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 24201				
<b>TITLE</b> System and method for adjustable disconnection sensitivity for disconnection and occlusion detection in a patient ventilator				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 8305

<b>SERIAL NUMBER</b> 09/811,104	<b>FILING OR 371(c) DATE</b> 03/16/2001 <b>RULE</b> 1.47	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> PURIT 54796	
<b>APPLICANTS</b> Fernando J. Isaza, Carlsbad, CA; Stanley Y. Wong, Rancho Santa Margarita, CA; Peter Doyle, Vista, CA;					
<b>** CONTINUING DATA *****</b> This application is a REI of 08/818,173 03/14/1997 PAT 5,881,717					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/02/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>A. L.</u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 24201					
<b>TITLE</b> SYSTEM AND METHOD FOR ADJUSTABLE DISCONNECTION SENSITIVITY FOR DISCONNECTION AND OCCLUSION DETECTION IN A PATIENT VENTILATOR					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		